

Dr. Jonathan V. Wright's

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A new medical police state could force examinations and care—and end your health care freedom

By Jonathan V. Wright, M.D.

State-ordered medical examinations. Forced vaccinations and treatments. Mandatory sharing of medical information. Pharmacists turned government informers. Seizure of nursing homes, other health care facilities, patent medicine ("pharmaceutical") manufacturing facilities, communication devices, and even food. Possible federalization and preemption of individual state laws and regulations concerning health care. Rationing of food, fuel, alcoholic beverages, firearms, and explosives. Each state's National Guard mobilized to enforce all of this. In essence, a medical police state.

Surely, this can't be true. It must be taken from one of those end-of-the world, apocalyptic novels, no? 1984 moving in to 2002? Who could possibly propose forced medical examinations, vaccinations, and treatments for supposedly free citizens of the United States?

Unfortunately, the Centers for Disease Control and Prevention (CDCP) is behind this medical police state proposal, which it has officially titled "Model State Emergency Health Powers Act."

And who would be placed in charge of this medical police state? "Public health authorities,"

state and federal—"authorities" who would be *exempted from most liability by this proposed legislation* while carrying out the actions noted above!

"Unfortunately, many legislators admit that they don't read past the title of the bills they vote on!"

What's their excuse? The CDCP says this legislation is needed to control epidemics of "infectious disease." But the legislation itself shows that this "reason" is a smoke screen: The present draft legislation specifically states that "an infectious disease *may or may not be transmissible* from person to person, animal to person, or insect to person."

The very definition of "infectious disease" means it must be contagious, *infectious* from one person to another. Since the "Model State Emergency Health Powers Act" specifically contradicts this definition, it's perfectly obvious that control of epidemics of infectious disease is

not the purpose of this proposed legislation.

The devil's in the details: What your state legislature may not be reading

As is usual, the title and the introduction to the proposed legislation are simultaneously patriotic and even praiseworthy. The introduction states:

"In the wake of the tragic events of September 11, 2001, our nation has come to the realization that the government's foremost responsibility is to protect the health, safety, and well-being of its citizens. New and emerging dangers—including emergent and resurgent infectious diseases and incidents of civilian mass casualties—pose serious and immediate threats to the population. A renewed focus on the prevention, detection, management, and containment of public health emergencies is thus called for.... The exercise of emergency health powers is designed to promote the common good."

The proposed legislation goes on to state:

"The rights of people to liberty, bodily integrity, and privacy must be respected to the fullest extent possible consistent with the overriding importance of the

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Our mission:

Nutrition & Healing is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

Nutrition & Healing cannot improve on these famous words:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, but readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.

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public's health and security.... This Act is necessary to protect the health and safety of the citizens of this State."

This preamble might make us think that the legislation is worthy of support. And unfortunately, many legislators admit that they don't read past the title of the bills they vote on! No wonder Mark Twain famously wrote in 1866: "no man's life, liberty, or property are safe while the legislature is in session." As always, the "devil is in the details."

In addition to giving governors and state public health officials new police powers to protect against bioterrorist attacks, further provisions of the law would:

- Force individuals suspected of harboring an "infectious disease" to undergo medical examinations;
- Track and share individuals' personal health information, including blood and body tissue samples (genetic information) as well as the names and addresses of persons whom the "infectious" person may have contracted the disease from or may have spread it to;
- Force persons to be vaccinated, treated, or quarantined for infectious diseases;
- Mandate all health-care providers to report all cases of persons who harbor any illness or health condition that may be caused by an epidemic or infectious agent and might pose a "substantial risk" to a "significant number" of people or cause long-term disability (note: "substantial risk" and "significant number" are not defined);
- Force pharmacists to report any "unusual or increased prescription rates" that may be caused by epidemic diseases;
- Declare a "state of public health emergency" and consequently pre-empt existing state laws, rules, and regulations (including privacy, medical licensing, and property-rights laws, rules, and regulations);
- Control public and private property (including pharmaceutical manufacturing plants, nursing homes, other health-care facilities, communication devices, and food). The state would be required to pay "just compensation" to any owner of facilities or materials;
- Mobilize all or any part of the "organized militia into service to the State" to help enforce the state orders;
- Ration firearms, explosives, combustibles, food, fuel, and alcoholic beverages; and
- Impose fines and penalties to enforce the state and public-health authorities' orders.

If you would like to read the entire proposal, titled "Model State Emergency Health Powers Act," online, visit www.publichealthlaw.net.

Protect your medical rights; guard your medical privacy

How can you protect yourself against the freedom-destroying provisions of this law, provisions that would remove our right to control our own health? Contact your own state officials (governors, representatives, senators, and attorneys general) and

local officials (city or town and county officials). The addresses for these officials are available at local public libraries or on the Internet. Also contact U.S. Health and Human Services Secretary Tommy Thompson (see contact information below).

The CDCP and public-health academicians are working with other organizations to get "The Model State Emergency Health Powers Act" passed in states across the country. Please contact as many of the following as you can to let them know your opposition to this proposed legislation.

U.S. Department of Health and Human Services

(Secretary, Tommy Thompson)

www.hhs.gov

tel: (877) 696-6775 (Washington, D.C.)

National Governors Association

www.nga.org

tel: (202) 624-5300 (Washington, D.C.)

National Conference of State Legislatures

www.ncsl.org

tel: (303) 830-2200 (Denver, CO)

Association of State and Territorial Health Officials

www.astho.org

tel: (202) 371-9090 (Washington, D.C.)

National Association of County and City Health Officials

www.naccho.org

tel: (202) 783-5550 (Washington, D.C.)

National Association of Attorneys General

www.naag.org

tel: (202) 326-6000 (Washington, D.C.)

Maximum possible protection against terrorist attacks and the possibility of future terrorist attacks is a goal supported by every citizen of the United States. But as President Bush and others have repeatedly stated, the "War Against Terrorism" exists to protect the freedom of all Americans. We cannot protect freedom by eliminating it, as this CDCP-supported legislation proposes.

To preserve what little health care freedom we have left, please write letters, telephone, fax, and e-mail the organizations listed above. But please concentrate on your state representatives, state senators, and governor, as this legislation is intended (at this time) to be passed in each of the 50 states. Please start now, before it's too late!

Information for this article was kindly provided by the Institute for Health Freedom, 1155 Connecticut Avenue N.W., Suite 300, Washington, DC, 20036, tel. 202-429-6610, www.forhealthfreedom.org. 

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Sincerely,



Karen M. Reddel
Publisher, *Nutrition & Healing*

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Beyond rickets: Vitamin D shows promise for fighting numerous diseases...but in doses well above the recommendation of “authorities”

Rickets, caused by an extreme vitamin D deficiency, is a disease that results in mild to severe degrees of stunted, misshapen bones. By the middle of the 20th century, rickets had been nearly eliminated in urban areas of the “developed” world when researchers realized that the disease could be entirely prevented by supplementing with a few hundred international units (IUs) of vitamin D each day. And, since “authorities” issued dire warnings about vitamin D toxicity and overdose, the recommended daily upper intake level has remained at 2,000 IUs, ever since. However, recent research shows that vitamin D is safe to take at much higher levels and that the benefits of vitamin D go well beyond the prevention of rickets.

Although the final proof isn’t in (and probably won’t be in our lifetimes), it’s very likely that if you’re over 40 and supplement your diet with a generous amount of vitamin D, you can lower your risk of prostate, breast, and bowel cancer along with your risk of “essential” hypertension, osteoporosis, and tuberculosis. Young adults can lower their risk of multiple sclerosis as well. (Multiple sclerosis usually first strikes adults when they’re under age 40.)

The sun provides us 5 times more vitamin D than the FDA “allows”

Our best source of vitamin D is sun. One day of full-body exposure to sunlight (for an adult) results in the formation of approximately 10,000 IUs of vitamin D in the skin. From this information, one might draw the logical conclusion

that this amount is likely to be a safe upper limit for daily intake of vitamin D. The “logic” is that people have likely adapted to the amount of sunshine that’s been reaching our planet’s surface for as long as there have been people on it.

Yet for years the consensus (underlined by repeated warnings from the FDA and other “authorities”) has been that the safe upper limit for daily intake is 2,000 IUs or less. Now, researchers lead by

“Do you live in a tropical latitude (near the equator) and spend hours each day in the sun? No? Then you’re not getting enough Vitamin D!”

Dr. Reinhold Veith of Toronto are beginning to ask—and answer—some obvious questions about the possible benefits of vitamin D: Is it possible that rickets is just the worst and most obvious manifestation of insufficient vitamin D, and that there are many more health problems caused by a daily vitamin D intake much smaller than the thousands of IUs our bodies are actually designed to receive?

The emerging answer appears to be a definite “yes!” The diseases that can likely be prevented by increased UV-B exposure or increased vitamin D aren’t trivial. They include breast, prostate, and bowel cancers; multiple sclerosis; Type 1 diabetes; hypertension; and tuberculosis. And let’s not forget the better-known effects of vitamin D in preventing and treating osteoporosis

and osteomalacia (bone pain). Epidemiologic studies (studies of varying populations) as well as tissue studies in laboratories (in the cancers noted, as well as multiple sclerosis) have pointed the way, and carefully controlled studies are starting to confirm the population studies.

Chances are you’re not getting enough vitamin D for optimum health

Do you live in a tropical latitude (near the equator) and spend hours each day in the sun? No? Then you’re not getting enough vitamin D!

Like nearly everything else in our lives, the ability of our skins to synthesize vitamin D precursors declines with age. The decline in vitamin D precursor production is dramatic. By the time we’re 70, this ability is only 10 percent to 20 percent of that achieved by young skin. As many older people spend much less time outdoors in sunlight, it’s no wonder that studies have shown that one-third or more of older adults are vitamin D deficient—even according to our present lower-than-optimal standards of normalcy.

Many people are worried about the risk of skin cancer associated with sunlight exposure, but it’s important to realize that sunshine does not cause cancer on its own. Sunshine *plus* a variety of nutrient insufficiencies (most notably folic acid and vitamin A—among others) raises our risk of skin cancer.

My current general recommendation for adults is to increase their daily intake of vitamin D to 1,600 IUs to 2,000 IUs. If you’re over 40,

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Can herbs help fight bioterrorism?

The terrorist attacks of September 11th and the discovery of letters containing anthrax spores raised the very real possibility of bioterrorism. While physicians dispensed prescriptions of Cipro to exposed Americans, some people began to wonder, "Is there a role for herbal treatments in preventing and treating the impact of agents of bioterrorism?"

I believe the answer is yes. Although they aren't as powerful as antibiotics and certainly shouldn't replace conventional treatment for conditions as serious as anthrax, two herbs could be potent aids in resisting and treating even severe infections.

Immune support is one of the strengths of herbal therapy yet we often underestimate just how powerful herbs that support the immune system can be. Taken as a complementary treatment, they can render conventional treatments much more effective. I believe that two herbs in particular—*Echinacea angustifolia* (or *purpurea*) root and *Andrographis paniculata*—could prove especially useful. The key, however, is in how much is taken and for how long. The power of these herbs, especially Echinacea, has been woefully underestimated.

Echinacea: A rich tradition for fighting serious illness

Everyone has heard about Echinacea's ability to fight off colds. However, few people realize that Echinacea was used to treat serious infections and envenomations (the injection of poisonous material into the body) long before the advent of antibiotics.

The Eclectics, a group of practitioners who were prominent in the late 19th and early 20th centuries

in the United States, studied and prescribed Echinacea for about 50 years. That's a relatively short time in the context of traditional use. However, the Eclectics' use of Echinacea was based both on knowledge they gathered from tribes of Native Americans as well as data they accumulated through extensive clinical experience. Consequently, their data is high quality. The best sources of this data are King's *American Dispensatory*¹ and F. Ellingwood's *American Materia Medica*.²

The extensive range of conditions for which Echinacea was prescribed is listed in these texts and are summarized in Table 1. The conditions in the table are mainly serious infections and envenomations of various kinds, which clearly attest to Echinacea's influence on the immune system.

The intensive accumulation of clinical experience with Echinacea occurred prior to the development of antibiotics. At that time, there were few effective options for the rational physician and echinacea therapy (often at much higher doses than are considered today) proved its value in life-threatening situations on many occasions, including rabies, appendicitis, and spinal meningitis.

Perhaps more pertinently, Ellingwood reported in 1983 that Echinacea has been proven to be an "exceedingly reliable remedy" in the treatment of anthrax as confirmed by two independent physicians. He writes: "In these cases, very large doses from one to two drams, frequently repeated, are required." (A dram corresponds to about 3.9 grams of Echinacea root.)

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Table 1: Eclectic uses of Echinacea^{1,2}

Abscesses	Leg ulcers
Anthrax	Malaria
Appendicitis	Measles
Bed Sores	Meningitis
Cancer	Psoriasis
Chicken-pox	Pulmonary gangrene
Cholera	Rabies
Chronic bronchitis	Renal hemorrhage
Chronic malaria	Scarlet fever
Chronic ulcerations	Scorpion sting
Diabetes mellitus	Septic injuries
Diphtheria	Septicemia
Dysentery	Small pox
Eczema	Snake bite
Empyema	Syphilis and syphilitic nodules
Epidemic influenza	Tonsillitis
Fever	Tubercular abscesses
Gangrene	Typhoid fever
Gonorrhea	Typhoid pneumonia
Impotence	Ulcerative stomatitis
Intestinal indigestion	

Herbs and bioterrorism

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Myth undermines effective use of Echinacea

Wherever I travel and discuss the use of Echinacea with clinicians, I am consistently confronted with their concerns that the herb should not be taken for long periods. The tragedy of this thinking is that it undermines the use of Echinacea in the situation where it possibly is most effective: as a preventative treatment. The fact is that the limitations imposed on Echinacea use constitute a modern mythology which has no basis in fact and probably stems from the thinking that it is not healthy to "stimulate" the immune system all of the time.

The Eclectics were not averse to using Echinacea long-term. According to Ellingwood, Echinacea was recommended for the following chronic conditions: cancer, chronic mastitis, chronic ulceration, tubercular abscesses, chronic glandular hardening, and syphilis. With regard to syphilis, Ellingwood writes: "The longest time of all cases yet reported, needed to perfect the cure, was nine months."

Similarly, modern research does not support time limitations on echinacea use. One published clinical study tested the effect of an *Echinacea purpurea* tincture on the bacteria-fighting activity of human granulocytes (a certain type of white blood cell) follow-

ing intravenous or oral administration.³ While the Echinacea was given, phagocytic activity remained high (as much as 20 percent above normal levels). When Echinacea stopped, phagocytic activity remained well above normal for a few days, indicating that there is a residual stimulating effect. Contrary to suggestions that Echinacea use can eventually deplete the immune system, subjects in this study retained normal phagocytic activity after their Echinacea use stopped.

A review of published Echinacea studies found that oral administration of echinacea for up to 12 weeks caused only infrequent adverse events consisting mainly of digestive symptoms. The reviewers concluded that Echinacea is well-tolerated on long-term oral administration. Another study found that immune reactivity after 10 weeks of continuous oral doses was considerably greater than after 2 weeks, which in turn was significantly greater than before therapy.³

Andrographis: Another immune herb with a tradition of treating serious infections

Andrographis (a shrub that is sometimes called Indian echinacea) has been used for centuries in traditional Chinese medicine for the treatment of certain infections. Although early test tube research suggested that this use could be due to antimicrobial activity, later research found that it was inactive,

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Table 2: Andrographis shows amazing results for many conditions

Disease	No. of cases	No. of effective cases	Effective rate %
Bacillary dysentery	1611*	1471	91.3
Enteritis (inflammation of the intestine)	955	872	91.3
Typhoid fever	31	29	93.6*
Respiratory tract infection	2717	2430	89.4
Tuberculosis	321	280	87.2
Leptospirosis	185	160	86.5
Leprosy	112	105	93.7
Skin infection	359	347	96.1
Hepatitis	112	93	83.0
Fulminant hepatitis	26	20	
Acute pyelonephritis	64	62	
Otitis media	55	51	92.6*

* from Deng WL. Chinese Traditional and Herbal Drugs Communications 1978; (10): 27

Vitamin D

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you should consider taking up to 4,000 IUs daily to make up for years of vitamin D insufficiency and to help prevent the conditions cited above.

Easing safety concerns about vitamin D

As mentioned earlier, there have been concerns regarding the safety of vitamin D supplementation because of possible toxicity. Vitamin D toxicity can cause nausea, vomiting, poor appetite, constipation, weakness, and weight loss. It can also raise blood levels of calcium, which can cause cognitive impairment and confusion. High blood levels of calcium also can cause heart rhythm abnormalities.

I wrote about vitamin D safety in the May 2001 and August 1999 issues of *Nutrition & Healing*, so just a brief repeat will suffice here. In 1999, a major nutrition journal published an article re-examining the upper limits of vitamin D safety. The investigation concluded that the often-mentioned upper limit, 2,000 IUs daily, is at least five times too low. Instead, it

suggested that 10,000 IUs daily might be a better “safe upper limit.” In a follow-up study, researchers asked 61 healthy men and women to take either 1,000 IUs or 4,000 IUs vitamin D₃ daily for two to five months, starting in January or February (vitamin D deficiency is more common in the winter months, since exposure to sunlight is decreased). Serum calcium, urinary calcium excretion, and serum levels of vitamin D₃ were monitored. There was no significant change in serum or urinary calcium levels in any research volunteer. Levels of vitamin D₃ increased to “high-normal” in nearly all those studied. None developed higher-than-normal serum vitamin D₃ levels. The researchers concluded: “We consider 4,000 IUs vitamin D₃ to be a safe [daily] intake” [for adults]. For quantities for children, please consult a physician-member of the American College for Advancement in Medicine (1-800-532-3688, www.acam.org) or the American Association of Naturopathic Physicians (1-703-610-9037).

While up to 10,000 IUs of vitamin D daily is likely safe for the vast majority of adults, it’s also

likely that a few would have adverse effects. Since a dose of 4,000 IUs daily is comfortably below the newly suggested “safe upper limit,” and since a research trial has demonstrated its safety for adults, it’s best to stay at or under this lower limit unless you’re working closely with a physician skilled and knowledgeable in nutritional medicine.

Your best sources of vitamin D—without milk

The best food sources of vitamin D are fatty fish such as salmon, mackerel, and sardines. Cod liver oil is also a significant source of this nutrient, offering over 1,300 IUs in just one tablespoon. Vitamin D supplements are available in most natural food stores, as well as through the Tahoma Clinic Dispensary (888-893-6878; www.tahoma-clinic.com).

Health care professionals and others interested in further study on this topic might start with Veith R, “Vitamin D nutrition and its potential health benefits for bone, cancer, and other conditions,” J Env Nutr Med 2001; 11(4) (December 2001). 

Herbs and bioterrorism

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especially *in vivo*. Instead, researchers demonstrated that both the herb and its major component, andrographolide, had immunostimulant properties.⁶

Andrographis extract or isolated andrographolides have been used in China to treat serious infections. Table 2 on the previous page shows a summary of clinical results from uncontrolled trials.⁷ While Andrographis is probably most useful for acute intervention, clinical research has shown that it also has value as a preventative agent.⁸

High doses of Andrographis may be necessary to achieve significant clinical results in acute infections. In recent trials for the common cold doses of up to 6 grams per day were presented. It is likely that higher doses will be necessary for immune support during more serious infections, including anthrax.

Recommended Dosages

A general preventative dose of echinacea is around 2.5 grams of root (*E. angustifolia* and/or *E. purpurea*) per day. For Andrographis herb, the preventative dose is similar. In my experience echinacea works better as a preventative than Andrographis. Where there is a high risk-situation, such as working in a mailroom, this preventative dose could be doubled. If exposure to agents of bioterrorism is suspected or has occurred, then these doses should be dramatically increased. For example, 2.5 grams of Echinacea root could be taken six to eight times a day. The dose of Andrographis can be between 12 to 16 grams per day taken in divided doses.

If you suspect you have been exposed to anthrax or any other biological agent, however, your first step should be to immediately seek medical treatment and file a report with local health authorities. Echinacea and andrographis can enhance antibiotic treatment, but they cannot replace it. 

Natural Response



Correct muscle weakness with essential amino acids

Q: Can you help with the problem of "muscle deficiency"? Both my legs from the knee down are 95 percent useless and my two hands—I drop everything. Do you have an article on this illness or can you help in some way. Is this a lack of a vitamin?

---L.M., Yonkers, New York

A: I assume you have already consulted a neurologist and that no "neurologic disease" was found. If you haven't, please do!

So far, I'm not aware of any vitamin, mineral, or other nutrient deficiency known to cause these symptoms. However, if you're over 50 and/or have digestive symptoms, you might try a concentrated preparation of the eight essential amino acids, which I've observed to help muscle weakness in some individuals. The eight essential amino acids are as follows: isoleucine, leucine, lysine, methionine, phenylalanine, threonine, tryptophan, and valine.

Poor protein digestion resulting in deficiencies of one or more of the eight essential amino acids is relatively common in those of us past 50 and in those with digestive symptoms. Since muscle is mostly protein, and protein is synthesized

from amino acids, for those with muscle weakness I check for essential amino acid deficiencies (remember all the other dozens of amino acids in our bodies can be made from the "eight essentials"). From time to time (but not in every case), essential amino acid deficiencies are found. To have an essential amino acid (blood) test done, contact a member of the American College for Advancement in Medicine (1-800-532-3688, www.acam.org) or the American Association of Naturopathic Physicians (1-703-610-9037).

If such a deficiency is found, trying an essential amino acid preparation would be worthwhile. After experiencing frustration trying to find such a preparation, I requested that Bio-Tech Pharmacal of Fayetteville, Arkansas, made this essential amino acid formulation available. It is the only single formulation of which I am aware that contains all eight essential amino acids and no "non-essential" amino acids. It's called "EgEssentials" by Bio-Tech Pharmacal and is available through many natural food stores and compounding pharmacies, as well as the Tahoma Clinic Dispensary with which I am affiliated; tel. (888) 893-6878, Intenet www.tahoma-clinic.com.

Essential amino acids are very safe; the total "daily requirement" is

usually estimated at a minimum 50 to 60 grams daily. If you are experiencing a deficiency, it is usually necessary to take a total of 5 to 10 grams daily to bring your levels up to the "daily requirement" level. It can take several weeks to notice improvement. If there's no improvement at all in three to four months, this isn't the answer.

And please remember...make sure you've consulted a neurologist!

The amazing abilities of astragalus

Q: In Nutrition & Healing for July 2001, Kerry Bone mentioned that astragalus root may be used to correct organ prolapse. Does that include the uterus? If so, what dosage?

---A.S., Palm Beach Gardens, Florida

A: The use of astragalus for organ prolapse comes from Traditional Chinese Medicine (TCM). Prolapse occurs when an organ slips out of place within the body. In TCM, astragalus is used for a variety of prolapse syndromes including a prolapsed uterus. For this application, the root is taken by decoction (simmering in hot water) and the typical dose is between 10 to 30 grams per day.

We welcome your input!

If you'd like to share your stories, opinions, or medical findings, please send letters to:

**Dr. Wright's Nutrition & Healing
819 N. Charles St.
Baltimore, MD 21201**

Due to a high volume of reader mail, we cannot respond personally to each letter. However, your letter will be read and taken into consideration for future issues and special reports.